SISKIYOU COUNTY MHSA DOCUMENTS

Plain-Language Contradiction Analysis

What the Documents Say vs. What They Should Say

PART 1: THE FOUR KEY DOCUMENTS — WHAT ARE THEY?

Think of these four documents as a paper trail. Every year, Sarah Collard signed documents saying county mental health programs were running properly and money was being spent correctly. These are those documents.

Document	Date Signed	What It Is	Why It Matters
3-Year Plan FY 2020–2023	July 14, 2020	The county's big-picture plan for 3 years. Lists every program, every contractor, and the goals for each.	THIS IS THE FOUNDATION. Every promise about services and contractors starts here. Collard signed it saying everything is 'true and correct.'
Annual Update FY 2022–2023	Sept 6, 2022 (BOS adoption)	The yearly update report showing what actually happened — clients served, money spent, programs running.	The most important single document. Contains the data points that contradict the 3-Year Plan. Signed twice — once for content, once for fiscal accountability.
3-Year Plan FY 2023–2026	Sept 19, 2023 (BOS adoption)	New 3-year plan. Quietly drops several contractors with no explanation and introduces new explanations for why.	Contains Collard's own explanations for why contractors disappeared — explanations that contradict what she said before.
Annual Update FY 2023–2024	Sept 19, 2023 (BOS adoption)	The most recent update. Shows current state of programs and contractors.	Confirms what changed from previous years and locks in the current contractor picture after the 2023 RFP.

IMPORTANT: Every one of these documents was signed by Sarah Collard under a penalty of perjury certification. That means she swore the information was true and correct. When the documents contradict each other, at least one of her sworn statements is false.

PART 2: THE FOUNDATION DOCUMENT — START HERE

Before deposing anyone, your attorney needs to know which document to 'lock in' first. The answer is the Annual Update FY 2022–2023.

Here is why it is the foundation:

1	Collard signed it most recently before the investigation period began. It is the last complete picture of the program before things changed.
2	It reports specific numbers: FSP client counts, contractor names, money paid, outcome statistics. Each number is a commitment she made under oath.
3	Those same numbers appear in the 3-Year Plan she signed two years earlier — locking her into the figures from two directions.
4	The outcome statistics in this document (arrests dropping to zero, hospitalizations declining) are later contradicted by other data she filed.
5	The contractor roster she reports here does NOT match the roster in her next plan — and her explanation for the change is contradicted by the procurement record.

THE DEPOSITION STRATEGY IN ONE SENTENCE: Get Collard to confirm every number and every contractor in the Annual Update 2022–23 on the record. Then, one by one, show her documents that prove those numbers and that contractor story are wrong.

PART 3: THE CONTRADICTIONS — WHERE THE DOCUMENTS FIGHT EACH OTHER

The following contradictions were found by reading all four documents side-by-side. Each contradiction is rated by how useful it is in court.

HIGH IMPACT	MEDIUM IMPACT	SUPPORTING	Useful for context but not a standalone 'gotcha' moment

CONTRADICTION #1 — The Dunamis Disappearing Act (HIGH IMPACT)

What the 2020–23 Plan Promised	What the 2023–26 Plan Says Happened
Dunamis Wellness is not mentioned at all. The 3-Year Plan does NOT include Dunamis as a contractor — yet Collard approved a $285,000/year contract with them in October 2021, during this plan period.	'Dunamis Wellness provided Early Intervention and peer services in McCloud and Dunsmuir Elementary schools and chose not to contract for these services for this Three-Year Plan.' (p. 12)

WHY THIS MATTERS: The 2023–26 Plan says Dunamis 'chose not to contract' — making it sound like Dunamis walked away. But the Annual Update 22–23 shows Dunamis was paid $284,999 that year and was actively running programs. The county received $570,000 from taxpayers for a program that was never mentioned in the governing plan, never evaluated publicly, and was quietly dropped without a board discussion.

Document	What It Says About Dunamis
3-Year Plan 2020–23	Dunamis does not appear anywhere.
Annual Update 22–23	'In FY 21/22, SCBH initiated a contract with Dunamis Wellness to provide Early Intervention services in two schools.' Dunamis is listed as an active, ongoing contractor at $284,999.
3-Year Plan 2023–26	'Dunamis... chose not to contract for these services.' Listed under 'Discontinued Programs' alongside TMS.
Annual Update 23–24	Dunamis is gone. YHS and SUHSD appear in their place on the same school-based fund code.

DEPOSITION QUESTION TO LOCK HER IN: 'Dr. Collard, the Annual Update you signed says Dunamis was contracted for services in FY 22/23. Can you tell me on what date Dunamis notified the county that they would not continue? Do you have a letter from them saying they chose not to renew?'

CONTRADICTION #2 — TMS, Lotus, and Karuk Also 'Chose' to Leave (HIGH IMPACT)

The same explanation used for Dunamis — 'chose not to respond to the RFP' — is used for three other contractors who were also active and funded in FY 22/23.

Contractor	FY 22–23 Contract Value	What 3-Year Plan 2023–26 Says	Why This Is Suspicious
Tiny, Mighty & Strong (TMS)	$144,537	'Provided Restorative Justice and Trauma-Informed Prevention services and chose not to respond to the MHSA PEI RFP'	TMS was active and paid in FY 22–23. No performance evaluation, no non-renewal letter, no board discussion exists in the public record.

Contractor	FY 22–23 Contract Value	What 3-Year Plan 2023–26 Says	Why This Is Suspicious
Lotus Educational Services	$77,800	Disappeared with no explanation in the 2023–26 plan text	Lotus provided Suicide Prevention AND Mental Health First Aid. Both programs were praised in the 22–23 Annual Update. Their loss is never explained.
Karuk Tribal Housing Authority	$73,395	The 2023–26 Plan still lists a 'Karuk Tribal Housing Authority' program — but under completely different program categories	The new Karuk contract appears to be restructured. Were they actually non-renewed and then re-contracted under different terms? No board vote documented.

THE PATTERN: Four contractors — paid a combined $580,000+ in FY 22–23 — are gone from FY 23–24 with the same explanation: they 'chose not to respond' to the new RFP. There are no non-renewal letters, no performance evaluations, no complaints filed, and no board discussion in the minutes. The explanation was written by the same person who ran both the old RFA and approved the new RFP.

CONTRADICTION #3 — The FSP Numbers Don't Add Up (HIGH IMPACT)

The Annual Update 22–23 reports FSP outcomes from FY 2020–21. Those numbers are repeated in the 3-Year Plan 23–26 — but the totals are internally inconsistent.

Claim	Source	What the Math Shows	Problem
'A total of 206 clients met criteria for FSP and received services in FY 20/21'	Annual Update 22–23, p. 17	206 total claimed	Accepted figure
'Eighty-two of those clients were children/TAY and 24 were adults.'	Annual Update 22–23, p. 17	82 + 24 = 106, not 206. That is 100 clients unaccounted for.	Internal math error: subcategories add to 100 fewer than the stated total
'The majority of enrolled FSPs (171) received medication services'	Annual Update 22–23, p. 17	171 of 206 = 83% on medication — unusually high. If the true total is 106, then 171 > total, which is impossible.	Either the 206 total is wrong, the age-group breakdown is wrong, or the medication count is wrong. All three came from the same signed document.

Claim	Source	What the Math Shows	Problem
3-Year Plan 23–26 Table 10: Total FSP cost based on FY 21/22 data shows 201 clients (43+24+122+12)	3-Year Plan 23–26, p. 49	201 clients total for FY 21/22 (a different year) — but notice: similar ballpark to the Annual Update's 206 figure	Different fiscal year, similar number. The county never resolves which year had which count.

DEPOSITION QUESTION: 'Dr. Collard, your Annual Update states 206 FSP clients, but the age-group breakdown you also signed shows 82 children/TAY and 24 adults — which adds to 106. Can you explain where the other 100 clients are in that breakdown?'

CONTRADICTION #4 — The Arrest Outcome Claim (MEDIUM IMPACT)

3-Year Plan 2020–23 States (p. 18)	What This Requires
'A total of 20 Partners completed at least one year of partnership, with 33 total arrests in the year prior. During the first year of partnership, there were no arrests.'	For this to be true, the county's DCR data must show zero arrests for all 20 partners during their first year. This outcome data was never independently verified and does not appear in any DHCS review.

Annual Update 22–23 Repeats the Claim	The Problem
The same FY 18/19 arrest data (33 to zero) is still the most recent outcome data cited in the FY 22–23 Annual Update — four years later. No FY 20/21, 21/22, or 22/23 arrest data is ever reported.	The county is submitting annual reports with the same four-year-old outcome data repeated verbatim. Either no new data was collected, or new data was collected and not reported. Both are problematic.

CONTRADICTION #5 — The Emergency Events Outcome (HIGH IMPACT)

This is one of the strongest contradictions because it involves a specific claim repeated in multiple documents, with a specific percentage.

What Was Promised (3-Year Plan 20–23, p. 18)	What Was Reported (Annual Update 22–23, p. 17)	The Contradiction
'37 Partners reported 97 emergency events one year prior to partnership. During the first year, 9 Partners had 22 emergency events — a 77% reduction.'	The Annual Update 22–23 repeats this exact same FY 18/19 outcome statistic with no update. Crisis calls increased from 962 to unknown. No new emergency event reduction data is provided for FSP participants in FY 20/21, 21/22, or 22/23.	The county promised annual outcome tracking. The same 4-year-old '77% reduction' statistic is still the most recent figure cited. The county is either not collecting this data or not reporting it — both violate the program requirements they signed.

NOTE: Meanwhile, in the same Annual Update, the county reports that crisis evaluations INCREASED from 962 to an unspecified number — directly contradicting the implied trend the 77% reduction statistic was designed to show.

CONTRADICTION #6 — The Public Participation Dates (HIGH IMPACT)

This is perhaps the clearest, most provable contradiction in the entire document set.

Document	What It Claims About Public Hearings	The Problem
Annual Update 22–23 County Certification (p. 7)	'A public hearing was held by the local mental health board on XXXX.' — The date is literally blank. The document was submitted to the state with 'XXXX' where a date should be.	Collard signed this document certifying compliance with public participation requirements while the date of the required hearing was left blank. This is either an admission that the hearing hadn't happened yet, or that nobody filled it in. Either way, she signed it.
Annual Update 22–23 Important Dates Section (p. 12)	Lists the RFA release date (Feb 16, 2022), planning meeting dates (March), application due date (April 12), and public comment period (June 30) — but the Behavioral Health Board public hearing is listed as 'August 15, 2022' while the BOS adoption is 'September 6, 2022.'	The certification on page 7 (signed) says 'XXXX' for the hearing date. The timeline on page 12 says August 15. These two pages in the SAME document contradict each other.
3-Year Plan 23–26 Certification	'A public hearing was held by the local Mental Health Board on September 18, 2023.' Date is properly filled in.	Shows the county KNOWS how to fill in a hearing date. The blank 'XXXX' in the 22–23 Annual Update was not a template error — it was a substantive omission in a signed, filed document.

DEPOSITION QUESTION: 'Dr. Collard, I am showing you page 7 of the Annual Update you signed. The certification says the public hearing date is XXXX. Was a public hearing held before you signed this document? If yes, what was the date?'

CONTRADICTION #7 — Population Figures Change Without Explanation (SUPPORTING)

Every document contains a county overview section with population data. These numbers change each year, which is expected — but the specific demographic percentages shift in ways that affect how 'underserved populations' are defined and prioritized.

Demographic	3-Year Plan 20–23	Annual Update 22–23	Annual Update 23–24
County Population	43,724	44,118	42,905 (declining)
White/Caucasian %	86%	75%	84.9%
Hispanic %	12.9%	13.2%	13.7%
Native American %	5% (Karuk + Anav tribes)	5.1% (Karuk + Quartz Valley)	5.3%
Poverty Rate	17.1%	14.3% (reported as lower than state average — factually incorrect)	18%

NOTABLE: The Annual Update 22–23 reports the poverty rate as 14.3% and describes it as 'lower than the statewide average of 16.4%.' The 3-Year Plan 20–23 from the same administration says 17.1% poverty. The 23–24 Annual Update says 18%. The lower figure in the 22–23 Annual Update was used to justify a reduced focus on poverty-related services — which affects which contractors were funded.

CONTRADICTION #8 — The RFA vs. RFP Procurement Switch (HIGH IMPACT)

The 2020–23 plan period used a 2022 Request for Applications (RFA). The 2023–26 plan period used a 2023 Request for Proposals (RFP). These are legally and procedurally different processes — and the switch matters.

Feature	2022 RFA (Under Samantha Schlieter)	2023 RFP (Under Eric Jauregui)
Document Length	25 pages	9 pages
Scoring Rubric	100-point rubric, publicly disclosed	No rubric, no disclosed scoring criteria
Perjury Certification	Required — applicants signed under penalty of perjury	Not required
Result	Selected contractors who were active FY 22–23	Four previously-active contractors 'chose not to respond.' New contractors selected under lower accountability standards.

WHY THIS MATTERS: The 3-Year Plans signed by Collard both require a competitive procurement process. The 2023 RFP used a shorter document, no scoring rubric, and did not require applicants to certify their proposals under penalty of perjury. The contractors who disappeared were not notified under any documented process. The switch from RFA to RFP eliminated accountability mechanisms that existed under the prior process — the one Samantha Schlieter managed.

CONTRADICTION #9 — SCRC Approval Gap (MEDIUM IMPACT)

The Siskiyou Community Resource Collaborative (SCRC) is listed as a funded contractor in the Annual Update 22–23 with $659,374 allocated under Community/Family Resource Network programs. However:

What the Annual Update Says	What the BOS Record Shows
SCRC is listed as receiving funding through the FY 22–23 period, described as ongoing under the 3-Year Plan.	SCRC was not formally approved by the Board of Supervisors until March 12, 2024 — nine months after the period it was supposedly contracted for. The March 12, 2024 BOS meeting approved SCRC on the consent calendar with no discussion.

PART 4: MASTER CONTRADICTION SUMMARY

Use this table as your quick-reference guide during deposition preparation.

#	Contradiction	Document A	Document B	Type	Impact
1	Dunamis 'chose not to contract' — but was paid $285K that year	Annual Update 22–23 (Dunamis active)	3-Year Plan 23–26 (Dunamis 'chose to leave')	False narrative	**HIGH**
2	TMS, Lotus, Karuk all 'chose' to leave with no documentation	Annual Update 22–23 (all active)	3-Year Plan 23–26 (all gone)	Pattern / false narrative	**HIGH**
3	FSP client count: 206 total vs. 82+24=106 in subcategories	Same page of Annual Update 22–23	Same document, internal inconsistency	Internal math error	**HIGH**
4	Arrests outcome: zero arrests promised — same 4-year-old data repeated annually	3-Year Plan 20–23 (FY 18/19 data)	Annual Updates 22–23 and 23–24 (still citing same FY 18/19 data)	Stale / missing data	**MEDIUM**
5	77% reduction in emergency events — same stale data, never updated	3-Year Plan 20–23	Annual Update 22–23 (still only cites FY 18/19 baseline)	Stale / missing data	**HIGH**
6	Public hearing date is literally 'XXXX' on the signed certification	Annual Update 22–23 certification (blank date)	Annual Update 22–23 timeline (lists Aug 15 hearing) + 23–26 Plan (properly dated)	Process compliance failure	**HIGH**
7	Poverty rate reported as 14.3% (lower than state) vs. 17.1% and 18% in other documents	Annual Update 22–23	3-Year Plan 20–23 and Annual Update 23–24	Factual inaccuracy	**SUPPORTING**
8	RFA (25-page, scored, sworn) replaced by RFP (9-page, no rubric, no oath)	2022 RFA documents	2023 RFP documents + 3-Year Plan 23–26	Procurement degradation	**HIGH**

#	Contradiction	Document A	Document B	Type	Impact
9	SCRC funded FY 22–23 but not formally BOS-approved until March 2024	Annual Update 22–23 (SCRC listed as funded)	BOS minutes March 12, 2024 (first formal approval)	Authorization gap	**MEDIUM**

PART 5: HOW TO USE THE FOUNDATION DOCUMENT IN DEPOSITION

The goal of the deposition is not to argue with the witness. It is to get commitments on the record that cannot later be walked back. Here is the three-step sequence for each contradiction:

Step	What to Do
1	**LOCK IN THE FOUNDATION DOCUMENT** Show Collard the Annual Update 22–23. Ask her to confirm: this is her signature, she signed it, she certified it was true and correct, she understood she was doing so under penalty of perjury. Get a clean 'yes' on all of these.
2	**GET COMMITMENT ON THE SPECIFIC DATA POINT** Ask her to confirm the specific number, name, or claim. For example: 'Does page 17 of this document say that 206 clients received FSP services?' Get her to read it and confirm it.
3	**INTRODUCE THE CONTRADICTING DOCUMENT** Only after she has committed to the first document, show her the second one. Ask her to read the relevant passage. Ask her to explain the discrepancy. Do not offer an explanation. Let the contradiction sit.

GOLDEN RULE: Never ask the big question first. Lock in the small commitments — document is hers, she signed it, she certified it, the number on page 17 is what it is — before you get to the contradiction. Once she is committed to the foundation, the contradiction lands like a trap door.

This document is attorney-client privileged work product. Prepared for litigation in Schlieter v. Siskiyou County, Case No. 24CV12876.

Last updated: March 2026 | Based on analysis of four publicly filed MHSA documents | All contradictions are cross-referenced to specific page numbers in the source documents.